| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|---|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for | Donald First name | First name |
| | example, your driver's license or passport). | Wayne Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Smith, Jr. Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7594 | |

| Debtor 1 | Donald Wayne Smith, Jr. | Case number (if known) | |
|----------|-------------------------|------------------------|--|
| | | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 24818 Eureka Ave. Warren, MI 48091 Number, Street, City, State & ZIP Code Macomb County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|-----|---|--|--|--|-------------------------|---|--------|--|
| | choosing to file under | ■ Chapt | er 7 | | | | | |
| | | ☐ Chapt | er 11 | | | | | |
| | | ☐ Chapt | er 12 | | | | | |
| | | ☐ Chapt | er 13 | | | | | |
| 8. | How you will pay the fee | abo ord | rill pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more de out how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or moder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check pre-printed address. | | | | | |
| | | | | y the fee in installments. ee in Installments (Official | | on, sign and attach the Application for Individuals | to Pay | |
| | | n only if you are filing for Chapter 7. By law, a judg our income is less than 150% of the official poverty in installments). If you choose this option, you must cial Form 103B) and file it with your petition. | y line that | | | | | |
| 9. | Have you filed for | ■ No. | | | | ,,, ,, , | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | | |
| | · | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is | ■ No | | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | — 163. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | - | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | □ No. | Go to | ine 12. | | | | |
| | residence: | Yes. | Has yo | our landlord obtained an e | viction judgment agains | st you? | | |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial Staten</i> bankruptcy petition. | nent About an Eviction | Judgment Against You (Form 101A) and file it with | h this | |

Case number (if known)

Debtor 1 **Donald Wayne Smith, Jr.**

| Jeb | tor 1 Donald Wayne Sm | nith, Jr. | | | Case number (if known) | | | |
|---|---|---------------------|-------------------------------|---|---|--|--|--|
| | | | | | | | | |
| Part | Report About Any Bu | ısinesses | You Own | as a Sole Proprie | tor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. Go to Part 4. | | | | | | |
| | | ☐ Yes. | Name and location of business | | | | | |
| | A sole proprietorship is a | | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | te & ZIP Code | | | |
| | it to this petition. | | Chec | | x to describe your business: | | | |
| | | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | | |
| If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the you a small business in 11 U.S.C. 1116(1)(B). | | | | a small business debtor, you must attach your most recent balance sheet, statement of | | | | |
| | debtor? For a definition of small | ■ No. | I am r | not filing under Chap | oter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | ′ I I N = | | iling under Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Part | t 4: Report if You Own or | Have Any | / Hazardo | ous Property or An | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is | s the property? | | | | |
| | · | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | | |
| | | | | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Donald Wayne Sm | nith, Jr. | | Case number (if | known) |
|------|---|---|--|---|---|
| Part | 6: Answer These Quest | ons for Re | porting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consuindividual primarily for a personal | umer debts? Consumer debts are defined I, family, or household purpose." | I in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | Are your debts primarily busine money for a business or investment | | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe t | that are not consumer debts or business d | lebts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. G | Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | ■ Yes. | are paid that funds will be availab | ou estimate that after any exempt property ole to distribute to unsecured creditors? | y is excluded and administrative expenses |
| | are paid that funds will | | No | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| 19. | How much do you estimate your assets to be worth? | □ \$100,0 | 50,000 11 - \$100,000 101 - \$500,000 101 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$100,0 | 50,000 01 - \$100,000 101 - \$500,000 101 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Part | 7: Sign Below | | | | |
| For | you | I have exa | amined this petition, and I declare | under penalty of perjury that the informat | ion provided is true and correct. |
| | | | | m aware that I may proceed, if eligible, un available under each chapter, and I choo | |
| | | | | pay or agree to pay someone who is not an otice required by 11 U.S.C. § 342(b). | n attorney to help me fill out this |
| | | I request i | elief in accordance with the chap | ter of title 11, United States Code, specific | ed in this petition. |
| | | bankrupto and 3571. | y case can result in fines up to \$2 | ncealing property, or obtaining money or p 250,000, or imprisonment for up to 20 year | roperty by fraud in connection with a rs, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Donald \ | Id Wayne Smith, Jr. Wayne Smith, Jr. of Debtor 1 | Signature of Debtor 2 | |
| | | Executed | on <u>February 14, 2019</u> MM / DD / YYYY | Executed on MM / E | DD / YYYY |

| Debtor 1 Donald Wayne Sr | nith, Jr. | se number (if known) | |
|---|--|---|---|
| For your attorney, if you are epresented by one | under Chapter 7, 11, 12, or 13 of title 11, United | States Code, and have | e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter |
| f you are not represented by an attorney, you do not need o file this page. | | debtor(s) the notice required by 11 U.S.C. § 342(b) wledge after an inquiry that the information in the | |
| | /s/ Hugh Robert Pierce | Date | February 14, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Hugh Robert Pierce P30488 | | |
| | Printed name | | |
| | Hugh Robert Pierce, P.C. | | |
| | Firm name | | |
| | 25600 Woodward Ave., Ste. 216 | | |
| | Roval Oak, MI 48067 | | |
| | Number, Street, City, State & ZIP Code | | |

Email address

Contact phone 248-398-5000

P30488 MI Bar number & State attorneypierce@sbcglobal.net

| Fill i | in this information to identify your case: | | | |
|---------|--|---------------------|-----------|-----------------------------|
| Debt | | | | |
| Debt | First Name Middle Name Last Name | | | |
| | use if, filing) First Name Middle Name Last Name | | | |
| Unite | ted States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | | | |
| 1 | e number | | | |
| (if kno | own) | [| _ | if this is an led filing |
| | | | | ŭ |
| Off | ficial Form 106Sum | | | |
| | mmary of Your Assets and Liabilities and Certain Statistical In | formation | 1 | 2/15 |
| infor | s complete and accurate as possible. If two married people are filing together, both are equall mation. Fill out all of your schedules first; then complete the information on this form. If you a original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. 1: Summarize Your Assets | | | |
| | | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 7,502.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 7,502.00 |
| Part | 2: Summarize Your Liabilities | | | |
| | | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of | of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 2,768.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | \$ | 19,643.71 |
| | You | r total liabilities | \$ | 22,411.71 |
| Part | 3: Summarize Your Income and Expenses | | | , |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 1,910.90 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 2,018.00 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to | the court with your | other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individed household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § | | personal, | family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,186.50

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | ıim |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 2,768.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 2,768.00 |

| Fill in this info | ormation to identify you | r case and this filing: | | | |
|---------------------|--|---------------------------------------|---|--|---|
| | | | | | |
| Debtor 1 | Donald Wayne S | Smith, Jr. Middle Name | Last Name | | |
| Debtor 2 | i iist ivaine | Wilder Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| oou o.uoo | zamapio, courtier mer | | | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official F | orm 106A/B | | | | |
| Schadi | le A/B: Prop | arty | | | 12/15 |
| | | | nce. If an asset fits in more than o | no octogory list the coast in | |
| think it fits best. | Be as complete and accur ore space is needed, attacl | ate as possible. If two married | d people are filing together, both a n. On the top of any additional pag | re equally responsible for si | upplying correct |
| Part 1: Describ | oe Each Residence, Buildin | g, Land, or Other Real Estate | You Own or Have an Interest In | | |
| ∣. Do you own o | or have any legal or equitab | le interest in any residence, b | uilding, land, or similar property? | | |
| ■ No. Go to F | Part 2. | | | | |
| ☐ Yes. Wher | e is the property? | | | | |
| | | | | | |
| Part 2: Descri | pe Your Vehicles | | | | |
| □ No ■ Yes | , , | tility vehicles, motorcycle | | | |
| 3.1 Make: | Chevrolet | Who has an intere | est in the property? Check one | | laims or exemptions. Put |
| Model: | Silverado | ■ Debtor 1 only | of in the property . Oneck one | | ed claims on Schedule D: ims Secured by Property. |
| Year: | 2006 | Debtor 2 only | | | , , , |
| | nate mileage: | □ Debtor 1 and D | ebtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other info | ormation: | | the debtors and another | | |
| | | ☐ Check if this is (see instructions) | community property | \$4,000.00 | \$4,000.00 |
| | | (See Instructions) | | | |
| Examples: B | | | al vehicles, other vehicles, and sels, snowmobiles, motorcycle ad | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| 5 4 1141 1 | | | | | |
| | | | tries from Part 2, including an | | \$4,000.00 |
| pages year | | | | | |
| Part 3: Descril | be Your Personal and Hous | sehold Items | | | |
| | | table interest in any of the | following items? | | Current value of the portion you own? Do not deduct secured |
| 6 Household | goods and furnishings | | | | claims or exemptions. |
| | | e. linens, china, kitchenware | | | |

☐ No

Official Form 106A/B

Schedule A/B: Property

page 1

| Debtor 1 | Donald Wayn | e Smith, Jr. | Case number | (if known) |
|----------------------------|---|--|--|---|
| ■ Ye | s. Describe | | | |
| | | Household goods and furnishin | gs | \$1,000.00 |
| □ No | nples: Televisions an including cell پ | d radios; audio, video, stereo, and digit phones, cameras, media players, game Television, cell phone and misc | | s; music collections; electronic devices \$1,000.00 |
| | <u>'</u> | · | | |
| Exam | other collection | igurines; paintings, prints, or other artw ns, memorabilia, collectibles | ork; books, pictures, or other art objects; st | amp, coin, or baseball card collections; |
| Exam ■ No | musical instru | raphic, exercise, and other hobby equi | pment; bicycles, pool tables, golf clubs, skis | s; canoes and kayaks; carpentry tools; |
| ■ No | mples: Pistols, rifles, | shotguns, ammunition, and related eq | uipment | |
| ☐ No | mples: Everyday clo | hes, furs, leather coats, designer wear | , shoes, accessories | |
| | | Clothing | | \$400.00 |
| ■ No □ Ye 13. Non- | <i>mples:</i> Everyday jew | | gs, wedding rings, heirloom jewelry, watche | s, gems, gold, silver |
| ■ No □ Ye | s. Describe | | | |
| ■ No | | | y list, including any health aids you did | not list |
| | | f all of your entries from Part 3, incluumber here | uding any entries for pages you have atta | \$2,400.00 |
| | Describe Your Financ | | | |
| Do you | own or have any le | gal or equitable interest in any of the | e tollowing? | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

| De | ebtor 1 | Donald Wa | ayne Smit | th, Jr. | Case number (if known) | |
|-----|--------------------------|-----------------------------|---------------|--|--|-------------------------------------|
| 16. | Cash Example: ■ No | s: Money yo | u have in y | our wallet, in your h | nome, in a safe deposit box, and on hand when you file your petitic | on |
| | | | | | | |
| 17. | Deposits Example | s: Checking, | | | counts; certificates of deposit; shares in credit unions, brokerage h | ouses, and other similar |
| | _ | | | | Institution name: | |
| | | | | | | |
| | | | 17.1. | Checking | The Local Credit Union | \$16.00 |
| | | | 17.2. | Savings | The Local Credit Union | \$6.00 |
| 18. | | s: Bond fund | | cly traded stocks ent accounts with be | orokerage firms, money market accounts | |
| 40 | | | ataal: and | | | in an IIC nautuarahin and |
| 19. | joint ven | | Stock and | mieresis in moorp | porated and unincorporated businesses, including an interest | . III ali EEC, partilei Silip, aliu |
| | ☐ Yes. G | ive specific | | about them me of entity: | | |
| 20. | Negotiab | le instrumer | nts include | personal checks, ca | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them. | |
| | | ve specific i | | about them uer name: | | |
| 21. | | nt or pensions: Interests i | | | 403(b), thrift savings accounts, or other pension or profit-sharing p | olans |
| | | st each acco | • | tely. of account: | Institution name: | |
| 22. | Your sha | | sed deposi | ts you have made s | so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications compan | ies, or others |
| | ■ No □ Yes | | | | Institution name or individual: | |
| 23. | Annuities ■ No | (A contract | for a perio | dic payment of mon | ney to you, either for life or for a number of years) | |
| | ☐ Yes | | Issuer nam | ne and description. | | |
| 24. | | | | n an account in a o and 529(b)(1). | qualified ABLE program, or under a qualified state tuition pro | gram. |
| | Yes | | Institution i | name and description | on. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, e | quitable or | future inte | rests in property (| (other than anything listed in line 1), and rights or powers exe | rcisable for your benefit |
| | | ive specific | information | about them | | |
| 26. | | | | | and other intellectual property eds from royalties and licensing agreements | |

Official Form 106A/B Schedule A/B: Property page 3

| Debior | Donaid Wayne Smith, Jr. | | Jase number (it known) | |
|--|---|--|------------------------------|---|
| ☐ Yes | . Give specific information about t | hem | | |
| | ses, franchises, and other general places: Building permits, exclusive li | ral intangibles censes, cooperative association holdings, liquor licen | ses, professional licenses | |
| ☐ Yes | . Give specific information about t | hem | | |
| Money or | r property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | efunds owed to you | | | |
| ■ Yes | . Give specific information about the | nem, including whether you already filed the returns at | nd the tax years | |
| | | Right to receive possible income tax refund (amount is an estimate) | Federal, State | \$1,000.00 |
| | | Right to receive possible income tax refund (amount is an estimate and is pro-rated for 2019) | Federal, State | \$80.00 |
| 30. Other Exam ■ No □ Yes 31. Intere | benefits; unpaid loans you n . Give specific information ests in insurance policies | urance payments, disability benefits, sick pay, vacatio nade to someone else rance; health savings account (HSA); credit, homeow | | |
| ■ No | | | | |
| ⊔ Yes | . Name the insurance company of Company | | ry: | Surrender or refund value: |
| If you some | nterest in property that is due you are the beneficiary of a living trustone has died. . Give specific information | ou from someone who has died t, expect proceeds from a life insurance policy, or are | currently entitled to receiv | e property because |
| Exam ■ No | | or not you have filed a lawsuit or made a demand utes, insurance claims, or rights to sue | for payment | |
| 34. Other ■ No | | nims of every nature, including counterclaims of th | e debtor and rights to s | et off claims |
| ■ No | inancial assets you did not alrea | dy list | | |

Official Form 106A/B Schedule A/B: Property page 4

| Deb | otor 1 | Donald Wayne Smith, Jr. | | Case number (if known) | |
|--------------|-----------------------|---|----------------------------|------------------------------|------------|
| 36. | | the dollar value of all of your entries from Part 4, including art 4. Write that number here | | | \$1,102.00 |
| Part | 5: De | scribe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ite in Part 1. | |
| 37. C | Do you o | own or have any legal or equitable interest in any business-relate | d property? | | |
| | No. Go | o to Part 6. | | | |
| | Yes. C | Go to line 38. | | | |
| Part | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. l | Do you | ı own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | No. | Go to Part 7. | | | |
| | ☐ Yes | Go to line 47. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | <i>Exam</i> µ ■ No | I have other property of any kind you did not already list? ples: Season tickets, country club membership Give specific information | | | |
| 54. | Add t | the dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$4,000.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$2,400.00 | | |
| 58. | Part 4 | 4: Total financial assets, line 36 | \$1,102.00 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$7,502.00 | Copy personal property total | \$7,502.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$7,502.00 |

| | mation to identify your | | | |
|---------------------|-------------------------------|------------------------|------------|--------------------------------------|
| Debtor 1 | Donald Wayne Sr First Name | Mith, Jr. Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
|---------|---|

| | ☐ You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/E | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 2006 Chevrolet Silverado Line from Schedule A/B: 3.1 | \$4,000.00 | | \$3,775.00 | 11 U.S.C. § 522(d)(2) |
| | Line Horri Schedule Avb. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2006 Chevrolet Silverado Line from Schedule A/B: 3.1 | \$4,000.00 | | \$225.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Scredule A/B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Household goods and furnishings Line from Schedule A/B: 6.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Scredule A/B. V.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Television, cell phone and misc. | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothing Line from Schedule A/B: 11.1 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(3) |
| | Line nom <i>Schedule A/D</i> . 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption | |
|----|--|--------------------------------------|---------|---|------------------------------------|--|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Checking: The Local Credit Union Line from Schedule A/B: 17.1 | \$16.00 | | \$16.00 | 11 U.S.C. § 522(d)(5) | |
| | Ellie Holli Genedale Av.B. 1711 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Savings: The Local Credit Union Line from Schedule A/B: 17.2 | \$6.00 | | \$6.00 | 11 U.S.C. § 522(d)(5) | |
| | Line Holli Schedule AVD. 17-2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Federal, State: Right to receive possible income tax refund (amount | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(5) | |
| | is an estimate) Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Federal, State: Right to receive possible income tax refund (amount | \$80.00 | | \$80.00 | 11 U.S.C. § 522(d)(5) | |
| | is an estimate and is pro-rated for 2019) Line from Schedule A/B: 28.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustme | nt.) | |
| | Yes. Did you acquire the property covere | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? | |
| | □ No □ Yes | | | | | |
| | □ 162 | | | | | |

| Fill in this inform | ation to identify your | case: | | | | | |
|---------------------|--|-------------|-----------|--|--------------------------------------|--|--|
| Debtor 1 | Debtor 1 Donald Wayne Smith, Jr. | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ban | United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | | | | | | |
| Case number | | | | | ☐ Check if this is an amended filing | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | | | | | | | İ | |
|----------------------|------------------------------------|--|------------------------------------|-------------------------------------|--|---------------|--------------------------|------------------------|----------------------------|
| Fill in t | his inform | ation to identify your | case: | | | | | | |
| Debtor | 1 | Donald Wayne Sn | | | | | | | |
| | _ | First Name | Middle | Name | Last Nam | е | | | |
| Debtor (Spouse if | | First Name | Middle | Name | Last Nam | e | | | |
| United : | States Ban | kruptcy Court for the: | EASTERN | DISTRICT C | F MICHIGAN | | | | |
| Case n | | | | | | | | | |
| (if known) | | | | | | | | ☐ Check | if this is an ed filing |
| | | | | | | | | umena | ca ming |
| Officia | al Form | 106E/F | | | | | | | |
| Sche | dule E/ | F: Creditors W | ho Have | e Unseci | ured Claim | S | | | 12/15 |
| name an | d case num | inuation Page to this pag ber (if known). | • | | on το report in a Pa | ırτ, αο not f | ille that Part. On the t | op of any additional | pages, write your |
| Part 1: | List All | of Your PRIORITY Un | secured Cla | aims | | | | | |
| 1. Do a | any creditor | s have priority unsecured | d claims agai | nst you? | | | | | |
| | No. Go to Pa | rt 2. | | | | | | | |
| | Yes. | | | | | | | | |
| iden poss | itify what type sible, list the | priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde nan one creditor holds a pa | s both priority er according to | and nonpriority the creditor's r | / amounts, list that on ame. If you have n | claim here a | and show both priority a | and nonpriority amount | s. As much as |
| (For | an explanat | ion of each type of claim, s | ee the instruc | tions for this for | rm in the instruction | booklet.) | | | |
| | | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | Revenue Service | | Last 4 digits o | f account number | 7594 | \$2,242.00 | \$2,242.00 | \$0.00 |
| | Priority Cree | ditor's Name | , | When was the | debt incurred? | 2016, 2 | 017 | | |
| | | phia, PA 19104-7346 | | Wilch was the | uest mounteu. | 2010, 2 | 017 | _ | |
| | Number Str | eet City State Zip Code | | As of the date | you file, the claim | is: Check a | all that apply | | |
| WI | ho incurred | the debt? Check one. | | ☐ Contingent | | | | | |
| | Debtor 1 or | nly | | Unliquidate | d | | | | |
| | Debtor 2 or | ıly | | □ Disputed | | | | | |
| | Debtor 1 ar | nd Debtor 2 only | • | Type of PRIOR | RITY unsecured cla | aim: | | | |
| | At least one | e of the debtors and anothe | er | Domestic su | upport obligations | | | | |
| | | is claim is for a commun | | ☐ Taxes and o | certain other debts | ou owe the | government | | |
| | | ubject to offset? | - | | leath or personal in | | • | | |
| | No | | | Other. Spec | cify | | | | |
| | Yes | | | • | Income Ta | VAS | | | |

| Debto | Donald Wayne Smith, Jr. | | Case number | (if known) | | |
|--------|---|--|----------------------|-------------------------|---------------------------|------------|
| 2.2 | Michigan Department of Treasury | Last 4 digits of account number | 7594 | \$526.00 | \$526.00 | \$0.00 |
| | Priority Creditor's Name Collection Division PO BOX 77437 | When was the debt incurred? | 2016, 2017 | | | |
| | Detroit, MI 48277 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that a | pply | | |
| V | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| I | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| [| \square At least one of the debtors and another | ■ Domestic support obligations | | | | |
| | Check if this claim is for a community debt sthe claim subject to offset? | ☐ Taxes and certain other debts y☐ Claims for death or personal inj | • | | | |
| I | No | Other. Specify | | | | |
| | Yes | Income Ta | xes | | | |
| 4. Lis | o any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each cl | this form to the court with your other statements alphabetical order of the creditor aim. For each claim listed, identify when the creditor with the creditor aim. | who holds each cl | s. Do not list claims a | already included in Part | 1. If more |
| | an one creditor holds a particular claim, list the other art 2. | creditors in Part 3.If you have more t | han three nonpriorit | ty unsecured claims | fill out the Continuation | Page of |
| | | | | | Total claim | |
| 4.1 | 37th Judicial Court | Last 4 digits of account numb | er | | | \$0.00 |
| | Nonpriority Creditor's Name 8300 Common Rd. Warren, MI 48093 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the cla | im is: Check all tha | at apply | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsec ☐ Student loans | ured claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a s report as priority claims | eparation agreeme | nt or divorce that you | u did not | |
| | ■ No | Debts to pension or profit-sh | aring plans, and oth | ner similar debts | | |
| | □Yes | ■ Other. Specify Notice | | | | |
| | | Strict. Opcomy | | | | |

| Ally Financial | Last 4 digits of account number | 0580 | Unknow |
|--|---|---|----------|
| Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 380901 Bloomington, MN 55438 | When was the debt incurred? | Opened 02/16 Last Active 6/13/16 | Olikilow |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Automobile | e loan deficiency | |
| Capital One | Last 4 digits of account number | | Unknowr |
| Nonpriority Creditor's Name PO Box 6492 Carol Stream, IL 60197-6492 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Revolving | credit purchases | |
| Chex Systems | Last 4 digits of account number | | \$0.00 |
| Nonpriority Creditor's Name 7805 Hudson Ste. 100 Saint Paul, MN 55125 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Notice | | |

| Donald Wayne Smith, Jr. | | | | | | | | |
|--|--|---|---------|--|--|--|--|--|
| Citibank/Sears | Last 4 digits of account number | 4481 | \$0.0 | | | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 3/27/15 Last Active | | | | | | |
| PO Box 6275 | When was the debt incurred? | 5/22/16 | | | | | | |
| Sioux Falls, SD 57117 | | | | | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | is: Check all that apply | | | | | | | |
| _ | | | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | | | |
| At least one of the debtors and another | Student loans | u ciaini. | | | | | | |
| Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | | | |
| Is the claim subject to offset? | report as priority claims | aration agreement of divorce that you did not | | | | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | |
| ☐ Yes | Other. Specify Notice | | | | | | | |
| Community Choice Credit Union | Last 4 digits of account number | | \$740.0 | | | | | |
| Nonpriority Creditor's Name 31155 Northwestern Hwy. | When was the debt incurred? | | | | | | | |
| Farmington, MI 48334 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| Who incurred the debt? Check one. | or oncon an man appry | | | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| □ Debtor 2 only □ Unliquidated | | | | | | | | |
| Debtor 1 and Debtor 2 only | | | | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | | | |
| ☐ Check if this claim is for a community | | | | | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | | |
| ■ No | Debts to pension or profit-sharing | | | | | | | |
| Yes | ■ Other. Specify Repossess (2002 GMC | sion/Automobile loan deficiency Sierra) | | | | | | |
| Credit One Bank | Last 4 digits of account number | 4667 | \$0.0 | | | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 06/16 Last Active | | | | | | |
| PO Box 98873 | When was the debt incurred? | 10/27/16 | | | | | | |
| Las Vegas, NV 89193 | | | | | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | | |
| Debtor 1 only | Пол | | | | | | | |
| _ | ☐ Contingent☐ Unliquidated | | | | | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | | | | |
| debt | | aration agreement or divorce that you did not | | | | | | |
| Is the claim subject to offset? | report as priority claims | 3 | | | | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | |
| □Yes | Other. Specify Notice | | | | | | | |

| - 1 - 1 - 1 - 1 - 1 | | | A |
|---|--|---|---------|
| Fair Collections & Outsourcing Nonpriority Creditor's Name | Last 4 digits of account number | 9618 | \$6,018 |
| Attn: Bankruptcy Dept. 12304 Baltimore Ave Suite E | When was the debt incurred? | Opened 03/17 | |
| Bellsville, MD 20705 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Collection | account (Wentworth) | |
| Henry Ford Health System | Last 4 digits of account number | 2192 | \$99 |
| Nonpriority Creditor's Name Dept. 55115, P.O. Box 55000 Detroit, MI 48255 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Medical set | | |
| | | | |
| IC System Inc. | Last 4 digits of account number | 4438 | \$58 |
| Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 64378 | When was the debt incurred? | Opened 8/25/18 | |
| St. Paul, MN 55164 Number Street City State Zip Code | As of the date you file, the claim | is. Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | is. Officer all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Medical | | |

| Donald Wayne Smith, Jr. | Case number (if known) | | | | | | |
|---|--|---|------------|--|--|--|--|
| LVNV Funding/Resurgent Capital | Last 4 digits of account number | 4667 | \$708.00 | | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy PO Box 10497 | When was the debt incurred? | Opened 02/17 | | | | | |
| Greenville, SC 29603 | | | | | | | |
| Number Street City State Zip Code | As of the date you file, the claim | | | | | | |
| Who incurred the debt? Check one. | _ | | | | | | |
| Debtor 1 only | Contingent | | | | | | |
| Debtor 2 only | Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | | |
| Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| Yes | Other. Specify Collection | account (Credit One Bank N.A.) | | | | | |
| Mdt/community Choice | Last 4 digits of account number | 3989 | \$1,861.00 | | | | |
| Nonpriority Creditor's Name 31155 Northwestern Highway Farmington Hills, MI 48334 | When was the debt incurred? | Opened 04/14 Last Active 8/14/18 | | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| No | Debts to pension or profit-sharing | | | | | | |
| Yes | Other. Specify Revolving | credit purchases | | | | | |
| Mdt/Community Choice Nonpriority Creditor's Name | Last 4 digits of account number | 0003 | \$0.00 | | | | |
| 31155 Northwestern Hwy S. Farmington Hills, MI 48334 | When was the debt incurred? | Opened 05/15 Last Active 12/12/18 | | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At least one of the debtors and another | · | | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| debt | | ration agreement or divorce that you did not | | | | | |
| Is the claim subject to offset? | report as priority claims | a plane, and other similar data- | | | | | |
| No | Debts to pension or profit-sharin | g pians, and other similar debts | | | | | |
| ☐ Yes | Other. Specify Notice | | | | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Mdt/Community Choice | Last 4 digits of account number | 0006 | \$0.00 |
|---|---|---|------------|
| Nonpriority Creditor's Name | | | • |
| 31155 Northwestern Hwy S. Farmington Hills, MI 48334 | When was the debt incurred? | Opened 05/16 Last Active 7/16/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Notice | | |
| Mdt/Community Choice | Last 4 digits of account number | 0978 | \$0.00 |
| Nonpriority Creditor's Name | | | Ψ0.0. |
| 31155 Northwestern Highway Farmington Hills, MI 48334 | When was the debt incurred? | Opened 04/14 Last Active 10/03/14 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Notice | | |
| Shermeta Law Group, PLLC | Last 4 digits of account number | 95GC | \$7,557.02 |
| Nonpriority Creditor's Name PO BOX 5016 | When was the debt incurred? | 2018 | |
| Rochester, MI 48308 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other Specify Summons | and Complaint (Ally Financial) | |

Official Form 106 E/F

| Debto | Donald Wayne Smith, Jr. | Case number (if known) | |
|----------|--|---|------------|
| 4.1 7 | Southwest Credit Systems | Last 4 digits of account number 4673 | \$1,740.00 |
| | Nonpriority Creditor's Name 4120 International Parkway Suite 1100 | When was the debt incurred? Opened 06/18 | |
| | Carrollton, TX 75007 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection account (T-Mobile) | |
| 4.1 | Third Party Withholding Unit | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name Michigan Dept. of Treasury P.O. Box 30785 | When was the debt incurred? | |
| | Lansing, MI 48909 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam is. Oneck an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | | |
| | | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Notice | |
| 4.1 | | | |
| 9 | Transworld System Inc. Nonpriority Creditor's Name | Last 4 digits of account number 9931 | \$862.00 |
| | Attn: Bankruptcy PO Box 15618 | When was the debt incurred? Opened 11/16 | |
| | Wilmington, DE 19850 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | ☐ Yes | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 10

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

| Debtor 1 D | onald W | ayne Smith, Jr. | | Case n | umber (i | f known) | | |
|--------------------------|-------------|---|--|---|----------------|---|--------|--|
| have more notified for | than one c | reditor for any of the debts t in Parts 1 or 2, do not fill ou | that you listed in Parts 1 or 2, list the ad at or submit this page. | lditional c | reditors l | here. If you do not have additional persons t | o be | |
| Name and Ad | | | On which entry in Part 1 or Part 2 did yo | | | | | |
| Ally Finan | | | Line 4.2 of (Check one): | | | s with Priority Unsecured Claims | | |
| P.o. Box 3 Bloomings | | 55/138 | | Part 2: | Creditors | s with Nonpriority Unsecured Claims | | |
| Biooning | ton, wiit | 33430 | Last 4 digits of account number | | | | | |
| Name and Ad | Idress | | On which entry in Part 1 or Part 2 did yo | ou list the | original cr | reditor? | | |
| Citibank/S | Sears | | | | - | s with Priority Unsecured Claims | | |
| Po Box 62 | | 44= | | Part 2: | Creditors | s with Nonpriority Unsecured Claims | | |
| Sioux Fall | s, SD 57 | 117 | Last 4 digits of account number | | | | | |
| Name and Ad | Idress | | On which entry in Part 1 or Part 2 did yo | ou list the | original cr | reditor? | | |
| Credit One | e Bank | | | | - | s with Priority Unsecured Claims | | |
| Po Box 98 | | .00 | | Part 2: | Creditors | s with Nonpriority Unsecured Claims | | |
| Las Vegas | s, NV 891 | 93 | Last 4 digits of account number | | | | | |
| Name and Ad | Idress | | On which entry in Part 1 or Part 2 did yo | ou list the | original cr | reditor? | | |
| Fair Collec | ctions & | Outsourcing | | | • | s with Priority Unsecured Claims | | |
| 12304 Balt | | | | Part 2: | Creditors | s with Nonpriority Unsecured Claims | | |
| Beltsville, | MD 2070 | 05 | Last 4 digits of account number | | | | | |
| Name and Ad | ldress | | On which entry in Part 1 or Part 2 did yo | Ou list the | original or | editor? | | |
| I C Systen | | | | | - | s with Priority Unsecured Claims | | |
| Po Box 64 | 378 | | | | | s with Nonpriority Unsecured Claims | | |
| Saint Paul | I, MN 551 | 164 | Last 4 digits of account number | | | | | |
| Name and Ad | Idross | | On which entry in Part 1 or Part 2 did yo | ou list the | original or | raditor? | | |
| | | surgent Capital | | Part 1: Creditors with Priority Unsecured Claims | | | | |
| C/o Resur | gent Cap | oital Services | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Greenville | e, SC 296 | 02 | Last 4 digits of account number | | o.ouno.o | , man recompliantly encounted ename | | |
| Name and Ad | Idroop | | On which entry in Part 1 or Part 2 did yo | ou list the | original or | aditor? | | |
| Southwes | | Svstems | | | | s with Priority Unsecured Claims | | |
| 4120 Inter | | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Carrollton | , TX 750 | 07 | , · · | | | | | |
| | | | Last 4 digits of account number | | | | | |
| Name and Ad Transworl | | n Inc | On which entry in Part 1 or Part 2 did you Line 4.19 of (<i>Check one</i>): | | | | | |
| Po Box 15 | | | Line 4.13 of (Check one). | _ | | s with Priority Unsecured Claims | | |
| Wilmingto | | 850 | | ■ Part 2: | Creditors | s with Nonpriority Unsecured Claims | | |
| | | | Last 4 digits of account number | | | | | |
| Part 4: A | dd the Ar | nounts for Each Type of | Unsecured Claim | | | | | |
| | | · · · | claims. This information is for statistica | l reporting | purpose | es only. 28 U.S.C. §159. Add the amounts fo | r each | |
| type of uns | secured cla | ım. | | | | Total Claim | | |
| | 6a. | Domestic support obligation | ons | 6a. | \$ | Total Claim 2,768.00 | | |
| Total | | | | | Ť — | 2,100.00 | | |
| claims from Part 1 | 6b. | Taxes and certain other de | bts you owe the government | 6b. | \$ | 0.00 | | |
| VIII I UIT I | 6c. | | al injury while you were intoxicated | 6c. | \$ — | 0.00 | | |
| | 6d. | | unsecured claims. Write that amount here. | | \$ | 0.00 | | |
| | | | | | _ | | | |
| | 6e. | Total Priority. Add lines 6a | through 6d. | 6e. | \$ | 2,768.00 | | |
| | | | | | | Total Claim | | |
| | 6f. | Student loans | | 6f. | \$ | Total Claim 0.00 | | |
| Total | | | | | · - | | | |
| claims from Part 2 | 6g. | Obligations arising out of a | a separation agreement or divorce that | 6g. | \$ | 0.00 | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 10

Debtor 1 Donald Wayne Smith, Jr.

Case number (if known)

- you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount
- Total Nonpriority. Add lines 6f through 6i.

| 6h. | \$ 0.00 |
|-----|-----------------|
| 6i. | \$ 19,643.71 |
| 6j. | \$ 19,643.71 |

Official Form 106 E/F

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|------------|------------------------------------|
| Debtor 1 | Donald Wayne Si | mith, Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|----------|-----------|------------------------------|--|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Olato | Zii Godo | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | Oity | | Olate | Zii Gode | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | - | | | | |
| <u> </u> | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

| Debtor 1 | Donald Wayne S | Smith. Jr. | | | |
|--|--|--|---|--|--|
| Dobto: 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT O | OF MICHIGAN | | |
| Case num (if known) | nber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | debtors | | | 12/15 |
| eople are ill it out, a our name | e filing together, both are eq | ually responsible for sup e boxes on the left. Attac n). Answer every question | plying correct informa h the Additional Page n. | tion. If more space is n to this page. On the top | ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write |
| _ | , | r you are filing a joint case, | do not list either spouse | e as a codeptor. | |
| ■ No □ Ye | | | | | |
| Arizoi | thin the last 8 years, have yona, California, Idaho, Louisiana | | | | y states and territories include |
| | s. Did your spouse, former spo | ouse, or legal equivalent liv | e with you at the time? | | |
| in line Form | e 2 again as a codebtor only | if that person is a guarar al Form 106E/F), or Sched | ntor or cosigner. Make | sure you have listed the 106G). Use Schedule D, | g with you. List the person shown ne creditor on Schedule D (Officia Schedule E/F, or Schedule G to fill editor to whom you owe the debtes that apply: |
| | • | | | _ | , |
| 3.1 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line | ine |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, li | ine |
| | Number Street City | State | ZIP Code | _ | |

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Best Case Bankruptcy
Entered 02/14/19 11:48:05 Page 29 of 51

| Fill | in this information to identify your ca | ase: | | | | | | | |
|--------------------|---|----------------------------|---|----------|-------------|---------------|------------|---------------------------------|-----------|
| Del | otor 1 Donald Way | ne Smith, Jr. | | | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF MICHIGAN | | | | | | |
| | se number | | _ | | Chec | ck if this is | : | | |
| (If kr | nown) | | | | | An amend | • | | |
| | | | | | | | | ing postpetition following date | |
| 0 | fficial Form 106I | | | | Ī | /MM / DD/ ` | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| spo atta Par | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. T1: Describe Employment | ır spouse is not filing w | ith you, do not include in | formati | on abou | t your sp | ouse. If n | nore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non- | -filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed | | | ☐ Emp | loyed | | |
| | | p.oy | ☐ Not employed | | | □ Not € | employed | | |
| | employers. | Occupation | Shop Helper | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Tunkers Inc. | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 36200 Mound Rd. Sterling Heights, MI | 48310 | | | | | |
| | | How long employed t | here? 3 years | | | _ | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to report | for any | line, write | e \$0 in the | e space. I | nclude your no | on-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information for | all empl | oyers for | that pers | on on the | lines below. If | you need |
| | | | | | For De | btor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. \$ | 2 | 2,186.50 | \$ | N/A | _ |
| 3. | Estimate and list monthly overt | ime pay. | | 3. +\$ | | 0.00 | +\$ | N/A | _ |
| 1 | Calculate gross Income Add lin | 2 + line 3 | | 4 6 | 2.4 | 96 FN | 2 | NI/A | 1 |

| | | | | | For | Debtor 1 | | or Debtor : on-filing s | | |
|-----|---------------------------|--|---|-----------------|-------|---------------|--------|----------------------------|-------------------|-----------------|
| | Copy | line 4 here | | 4. | \$ | 2,186.50 | \$_ | | N/A | |
| 5. | List a | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and So | cial Security deductions | 5a. | \$ | 271.37 | \$ | | N/A | |
| | 5b. | | ns for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | • |
| | 5c. | Voluntary contribution | s for retirement plans | 5c. | \$ | 0.00 | \$ | | N/A | |
| | 5d. | Required repayments | of retirement fund loans | 5d. | \$_ | 0.00 | \$ | | N/A | • |
| | 5e. | Insurance | | 5e. | \$ | 4.23 | \$ | | N/A | |
| | 5f. | Domestic support obli | gations | 5f. | \$ | 0.00 | \$ | | N/A | <u>-</u> - |
| | 5g. | Union dues | | 5g. | \$ | 0.00 | \$ | | N/A | |
| | 5h. | Other deductions. Spe | cify: | 5h.+ | · \$ | | + \$ - | | N/A | • |
| 6. | Add | · | Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 275.60 | \$ | | N/A | - |
| 7. | Calc | ulate total monthly take | -home pay. Subtract line 6 from line 4. | 7. | \$ | 1,910.90 | \$ | | N/A | • |
| 8. | List a 8a. | profession, or farm Attach a statement for e | ly received: I property and from operating a business ach property and business showing gross ecessary business expenses, and the total | , 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | | 8b. | \$ | 0.00 | \$ | | N/A | |
| | 8c. | regularly receive | nts that you, a non-filing spouse, or a dep al support, child support, maintenance, divorce or settlement. | | \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compe | ensation | 8d. | \$ | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | | 8e. | \$ | 0.00 | \$ | | N/A | • |
| | 8f. | Include cash assistance that you receive, such a Nutrition Assistance Pro Specify: | istance that you regularly receive and the value (if known) of any non-cash as s food stamps (benefits under the Suppleme gram) or housing subsidies. | ental 8f. | \$_ | 0.00 | \$_ | | N/A | |
| | 8g. | Pension or retirement | income | 8g. | \$_ | 0.00 | \$_ | | N/A | |
| | 8h. | Other monthly income | . Specify: | 8h.+ | + \$_ | 0.00 | + \$_ | | N/A | = |
| 9. | Add | all other income. Add li | nes 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$_ | | N/A | |
| 10. | Calc | ulate monthly income. | Add line 7 + line 9. | 10. \$ | | 1,910.90 + \$ | | N/A | = \$ | 1,910.90 |
| | | • | ebtor 1 and Debtor 2 or non-filing spouse. | | | | | | - | 1,01010 |
| 11. | State Include other | all other regular contri de contributions from an of friends or relatives. ot include any amounts a | butions to the expenses that you list in Sounmarried partner, members of your househoready included in lines 2-10 or amounts that | old, your depen | | | | | | 0.00 |
| 12. | | that amount on the Sum | olumn of line 10 to the amount in line 11. mary of Schedules and Statistical Summary | | | | | | \$ | 1,910.90 |
| 13. | Do y | • | r decrease within the year after you file th | nis form? | | | | | Combir monthly | ned y income |
| | | No. | | | | | | | | |
| | | Yes. Explain: | | | | | | | | |

| Fill in this info | ormation to identify yo | ur case: | | | | | |
|--|--|-------------------------|--|--|-------------------|-------------------|--|
| Debtor 1 | or 1 Donald Wayne Smith, Jr. | | | | Check if this is: | | |
| Dobtor 2 | | | | | _ | An amended filing | ulna naota stitlet |
| Debtor 2 (Spouse, if filing | ng) | | | | | | ving postpetition chapter the following date: |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | | | | | MM / DD / YYYY | | |
| Case number (If known) | | | | | | | |
| Official | Form 106J | | | | | | |
| Schedu | ule J: Your E | Exper | ises | | | | 12 |
| information number (if k | . If more space is need nown). Answer ever Describe Your House | eded, atta y questio | . If two married people ar ich another sheet to this n. | | | | |
| | a joint case? | | | | | | |
| | Go to line 2. Does Debtor 2 live in | n a separ | ate household? | | | | |
| | □ No □ Yes. Debtor 2 mus | t file Offici | al Form 106J-2, <i>Expenses</i> | for Separate Househo | old of Debto | or 2. | |
| 2. Do you | have dependents? | ■ No | | | | | |
| Do not I Debtor : | list Debtor 1 and 2. | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| Do not s | state the | | | | | | □ No |
| depend | ents names. | | | | | | ☐ Yes |
| | | | | | | | □ No □ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| 3. Do vou | r expenses include | _ | | | | | ☐ Yes |
| expens | es of people other th | nan _ | No Yes | | | | |
| yourse | lf and your depender | nts? | 162 | | | | |
| Estimate yo | s of a date after the b | ur bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| | such assistance and | | government assistance i cluded it on <i>Schedule I:</i>) | | | Your exp | enses |
| | ntal or home ownershots and any rent for the | | uses for your residence. It | nclude first mortgage | 4. \$ | | 300.00 |
| . , | ncluded in line 4: | J :: := 0 | | | | | |
| 4a. R | Real estate taxes | | | | 4a. \$ | | 0.00 |
| | roperty, homeowner's | , or renter | 's insurance | | 4a. \$ | | 0.00 |
| | lome maintenance, re | | | | 4c. \$ | | 0.00 |
| | lomeowner's associati | | | | 4d. \$ | | 0.00 |
| Additio | nal mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| Debtor 1 | | | | | | |
|--|--|----------------------------|--------------------------------|---|---|-----|
| | Donald Wayne S | • | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | _ | | |
| nited States B | sankruptcy Court for the: | EASTERN DISTRICT | OF MICHIGAN | | | |
| ase number | | | | | | |
| rknown) | | | | | ☐ Check if this is an amended filing | |
| official For | m 106Dec | | | | | |
| | | an Individua | Debtor's Sc | hedules | 1 | 2/1 |
| | | | | | | |
| Sig | an Below | | | | | |
| Did you pa | | eone who is NOT an atto | rney to help you fill out ba | inkruptcy forms? | | |
| Did you pa ■ No | | neone who is NOT an atto | rney to help you fill out ba | inkruptcy forms? | | |
| ■ No | | neone who is NOT an atto | rney to help you fill out ba | Attach <i>Banl</i> | kruptcy Petition Preparer's Not , and Signature (Official Form | |
| ■ No □ Yes. | ay or agree to pay som Name of person | | orney to help you fill out ba | Attach Bani Declaration | , and Signature (Official Form | |
| ■ No □ Yes. Under penathat they ar | ay or agree to pay som Name of person alty of perjury, I declar | e that I have read the sun | | Attach Bani Declaration | , and Signature (Official Form | |
| ■ No □ Yes. Under penathat they ar X /s/ Doronal | ay or agree to pay som Name of person alty of perjury, I declar re true and correct. | e that I have read the sun | nmary and schedules filed | Attach Bani Declaration with this declaration | , and Signature (Official Form | |
| ■ No □ Yes. Under penathat they ar X /s/ Doi Donal | ay or agree to pay som Name of person alty of perjury, I declar re true and correct. nald Wayne Smith, Vid Wayne Smith, Jr. | e that I have read the sun | nmary and schedules filed X | Attach Bani Declaration with this declaration | , and Signature (Official Form | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | in this inform | nation to identify you | r case: | | | | | | |
|---|---|---------------------------------|--|---|--|---|--|--|--|
| Deb | otor 1 | Donald Wayne S | | Last Name | | | | | |
| Det | otor 2 | First Name | Middle Name | Last Name | | | | | |
| 1 | use if, filing) | First Name | Middle Name | Last Name | | | | | |
| Uni | ted States Bar | kruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | | | | |
| | se number | | | | - | heck if this is an mended filing | | | |
| Sta Be a | s complete a | of Financial | | re filing together, both are | ankruptcy equally responsible for supp | | | | |
| num | nber (if known |). Answer every ques | stion. | | | | | | |
| 1. | | current marital statu | rital Status and Where You | Lived Before | | | | | |
| | ☐ Married■ Not married | | | | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No □ Yes. List | all of the places you l | ived in the last 3 years. Do no | ot include where you live now | : | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | | | | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | | | | |
| Par | t 2 Explain | n the Sources of You | r Income | | | | | | |
| 4. | Fill in the total | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | Ill businesses, including part- | | dar years? | | | |
| | □ No ■ Yes. Fill | in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| From January 1 of current year until the date you filed for bankruptcy: | | | ■ Wages, commissions, bonuses, tips | \$2,186.00 | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Total amount

paid

Amount you

still owe

Was this payment for ...

Dates of payment

Creditor's Name and Address

| 7. | Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partners of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations gent, including one fo |
|-----|--|---|--|---|---------------------------------|--|
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 3. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| Э. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. | y, were you a party in an | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| | Shermeta Law Group PLLC (Ally Financial) 184395GC | Summons and Complaint | 37th Judicial C 8300 Common Warren, MI 480 | Rd. | ■ Pending □ On appe □ Conclud | al |
| | | | | | Summons | and Complaint |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | hed, attached | l, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | | | | |
| | Community Choice Credit Union 30564 Lyon Center Drive East New Hudson, MI 48165 | ■ Property was reposse □ Property was foreclose □ Property was garnishe □ Property was attached | ed. ed. | 2018 | | Unknown |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan solve a solve and solve a solve a solve and solve | | uding a bank or fir | nancial institution | , set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | | action was | Amount |
| | | | | taken | | |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Donald Wayne Smith, Jr.

| Deb | otor 1 | Donald Wayne Smith, Jr. | | Case n | number (i | f known) | |
|-----|-----------------------|--|---------|--|--|---------------------|---------------------------|
| | | | | | | | |
| 12. | | n 1 year before you filed for bankrup -appointed receiver, a custodian, or | | | n of an as | ssignee for the ben | efit of creditors, a |
| | | No Yes | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | 3 | | Dates you gave the gifts Unitions with a total value of more than \$600 to any charity? Dates you contributed Value Dates you contributed Value did you lose anything because of theft, fire, other disaster, The loss paid. List pending A/B: Property. Date of your loss Value of property lost Value of property vour behalf pay or transfer any property to anyone you or services required in your bankruptcy. Date payment or transfer was made 2019 \$8.95 | | |
| 13. | I | n 2 years before you filed for bankru No Yes. Fill in the details for each gift. | ıptcy, | did you give any gifts with a total value of | more th | an \$600 per person | ? |
| | | s with a total value of more than \$600 person |) | Describe the gifts | | | Value |
| | | on to Whom You Gave the Gift and ress: | | | | | |
| 14. | I | n 2 years before you filed for bankru No Yes. Fill in the details for each gift or co | | , , , , , | th a total | value of more than | s \$600 to any charity? |
| | Gifts more Char | s or contributions to charities that to e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | | | Value |
| Par | t 6: | List Certain Losses | | | | | |
| 15. | or ga | n 1 year before you filed for bankrupmbling? No Yes. Fill in the details. | otcy or | since you filed for bankruptcy, did you lo | ose anyth | ning because of the | ft, fire, other disaster, |
| | | cribe the property you lost and | Descr | ibe any insurance coverage for the loss | | Date of your | Value of property |
| | | the loss occurred | | e the amount that insurance has paid. List pen nce claims on line 33 of Schedule A/B: Prope | | loss | lost |
| Par | t 7: | List Certain Payments or Transfers | | | | | |
| 16. | consi | ulted about seeking bankruptcy or p | repari | | | | erty to anyone you |
| | □ 1 | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | Addı Ema | on Who Was Paid ress il or website address on Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | | or transfer was | |
| | 633 Los | ess Credit Counseling, Inc. W 5th Street, Suite 26001 Angeles, CA 90071 w.accessbk.org | | | | 2019 | \$8.95 |
| | 2560 Roy | h Robert Pierce, P.C. 00 Woodward Ave., Ste. 216 al Oak, MI 48067 rneypierce@sbcglobal.net | | Attorney Fees | | | \$900.00 |
| | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list. No | or to make payments | | | or transfer any proper | ty to anyone who |
|-----|--|---|-------------------------------------|------------------|---|---|
| | Yes. Fill in the details. Person Who Was Paid Address | Description and v transferred | alue of any prop | perty | Date payment or transfer was | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already li | ness or financial affa as security (such as t | i irs? he granting of a s | | | |
| | ☐ Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | | any property or received or debts change | Date transfer was made |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No □ Yes. Fill in the details. | | y property to a s | self-settled tru | ust or similar device o | f which you are a |
| | Name of trust | Description and v | alue of the prop | erty transferr | ed | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Sto | rage Units | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clos sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broker houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | |
| | | ast 4 digits of ccount number | Type of accourtinstrument | clo | te account was osed, sold, oved, or nsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details. | ır before you filed for | bankruptcy, any | y safe deposi | t box or other deposit | ory for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p No Yes. Fill in the details. | place other than your | home within 1 y | ear before yo | ou filed for bankruptcy | y? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? |
| | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Pa | t 9: Identify Property You Hold or Control for | Someone Else | | | |
|-----|---|---|---------|--------------------------------------|-----------------------|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prope | rty yo | u borrowed from, are storing fo | r, or hold in trust |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | cribe the property | Value |
| Pai | t 10: Give Details About Environmental Inform | ation | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | nir, land, soil, surface water, groun | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, v | whether you now own, operate, | or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s was | te, hazardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n they | y occurred. | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | e und | er or in violation of an environm | ental law? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any env | vironm | nental law? Include settlements | and orders. |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case |
| Pai | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have a | ny of | the following connections to an | y business? |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity | , eithe | er full-time or part-time | |
| | ☐ A member of a limited liability company | | • | • | |
| | ☐ A partner in a partnership | | . ` | , | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | |
| | ☐ An owner of at least 5% of the voting or | | 1 | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debic | Donaid wayne Smith, Jr. | (| Sase number (if known) |
|-------------------------|---|---|--|
| | - | | |
| | No. None of the above applies. Go to | Part 12. | |
| | Yes. Check all that apply above and fil | I in the details below for each business. | |
| 1 | Business Name Address Number, Street, City, State and ZIP Code) | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| , | Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| ir | nstitutions, creditors, or other parties. | tcy, did you give a financial statement to | anyone about your business? Include all financial |
| | - Tool I iii iii allo dolallo bolowi | Data laserad | |
| 1 | Name Address Number, Street, City, State and ZIP Code) | Date Issued | |
| Part 1 | 2: Sign Below | | |
| are tru vith a | | false statement, concealing property, or | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection years, or both. |
| | onald Wayne Smith, Jr. | | |
| | ald Wayne Smith, Jr. ature of Debtor 1 | Signature of Debtor 2 | |
| Date | February 14, 2019 | Date | |
| Did yo ■ No □ Yes | ou attach additional pages to <i>Your Statem</i> e | ent of Financial Affairs for Individuals Fil | ling for Bankruptcy (Official Form 107)? |
| Did yo | ou pay or agree to pay someone who is no | t an attorney to help you fill out bankrup | tcy forms? |
| ☐ Yes | s. Name of Person Attach the Bankru | uptcy Petition Preparer's Notice, Declaration | a, and Signature (Official Form 119). |

United States Bankruptcy Court Eastern District of Michigan

| In re | Donald Wa | yne Smith, Jr. | Case No. | |
|-------|-----------------------------|---|------------------|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | | | | |
| | | STATEMENT OF ATTORNEY FOR DEBTOR PURSUANT TO F.R.BANKR.P. 2016(b) | <u>R(S)</u> | |
| | The undersig | ened, pursuant to F.R.Bankr.P. 2016(b), states that: | | |
| 1. | The undersig | aned is the attorney for the Debtor(s) in this case. | | |
| 2. | The compen | sation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Che | ck one] | |
| | [X] <u>FI</u> | AT FEE | | |
| | | or legal services rendered in contemplation of and in connection with this can aclusive of the filing fee paid | | 900.00 |
| | B. P | rior to filing this statement, received | | 900.00 |
| | | he unpaid balance due and payable is | | 0.00 |
| | [] <u>R</u> I | <u>ETAINER</u> | | |
| | A. A | mount of retainer received | | |
| | | he undersigned shall bill against the retainer at an hourly rate of \$ [Or greed to pay all Court approved fees and expenses exceeding the amount of the state of the sta | | urly rate schedule.] Debtor(s) have |
| 3. | \$ <u>0.00</u> | of the filing fee has been paid. | | |
| 4. | In return for that do not a | the above-disclosed fee, I have agreed to render legal service for all aspects pply.] | of the bankrupt | cy case, including: [Cross out any |
| | | nalysis of the debtor's financial situation, and rendering advice to the debtor nkruptcy; | in determining v | whether to file a petition in |
| | | eparation and filing of any petition, schedules, statement of affairs and plan presentation of the debtor at the meeting of creditors and confirmation heari | | |
| | | presentation of the debtor in adversary proceedings and other contested ban | | |
| | E. Re | affirmations; | | |
| | | demptions; her: | | |
| | | epresentation of the debtor at the meeting of creditors; | | |
| 5. | 1. 2. 3. 4. | Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or adversary properties. Second appearance at adjourned meeting of creditors. 2004 Examinations and/or Depositions; Amendments caused by Debtor's failure to provide accurate an | roceeding; | information; |
| 6. | | f payments to the undersigned was from: Debtor(s)' earnings, wages, compensation for services perform | rmed | |

| | corporation, any compensation paid or to be paid except as | follows: |
|---------|--|--|
| Dated: | February 14, 2019 | /s/ Hugh Robert Pierce Attorney for the Debtor(s) Hugh Robert Pierce P30488 Hugh Robert Pierce, P.C. 25600 Woodward Ave., Ste. 216 Royal Oak, MI 48067 248-398-5000 attorneypierce@sbcglobal.net |
| Agreed: | /s/ Donald Wayne Smith, Jr. Donald Wayne Smith, Jr. | _ |
| | Debtor | Debtor |

The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | r 7: | Liquidation |
|----------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| n re | Donald Wayne Smith, Jr. | | Case No. | |
|--------|----------------------------------|--|--------------------|-----------------------|
| | | Debtor(s) | Chapter | 7 |
| | VER | IFICATION OF CREDITOR I | MATRIX | |
| ne abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and co | orrect to the best | of his/her knowledge. |
| Date: | February 14, 2019 | /s/ Donald Wayne Smith, Jr. | | |
| | | Donald Wayne Smith, Jr. | | |
| | | Signature of Debtor | | |

37TH JUDICIAL COURT 8300 COMMON RD. WARREN, MI 48093

ALLY FINANCIAL ATTN: BANKRUPTCY DEPT. PO BOX 380901 BLOOMINGTON, MN 55438

ALLY FINANCIAL P.O. BOX 380901 BLOOMINGTON, MN 55438

CAPITAL ONE PO BOX 6492 CAROL STREAM, IL 60197-6492

CHEX SYSTEMS
7805 HUDSON STE. 100
SAINT PAUL, MN 55125

CITIBANK/SEARS ATTN: BANKRUPTCY PO BOX 6275 SIOUX FALLS, SD 57117

CITIBANK/SEARS PO BOX 6217 SIOUX FALLS, SD 57117

COMMUNITY CHOICE CREDIT UNION 31155 NORTHWESTERN HWY. FARMINGTON, MI 48334

CREDIT ONE BANK ATTN: BANKRUPTCY PO BOX 98873 LAS VEGAS, NV 89193

CREDIT ONE BANK PO BOX 98875 LAS VEGAS, NV 89193 FAIR COLLECTIONS & OUTSOURCING ATTN: BANKRUPTCY DEPT.
12304 BALTIMORE AVE SUITE E
BELLSVILLE, MD 20705

FAIR COLLECTIONS & OUTSOURCING 12304 BALTIMORE AVE STE BELTSVILLE, MD 20705

HENRY FORD HEALTH SYSTEM DEPT. 55115, P.O. BOX 55000 DETROIT, MI 48255

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN 55164

IC SYSTEM INC. ATTN: BANKRUPTCY P.O. BOX 64378 ST. PAUL, MN 55164

INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA, PA 19104-7346

LVNV FUNDING/RESURGENT CAPITAL ATTN: BANKRUPTCY PO BOX 10497 GREENVILLE, SC 29603

LVNV FUNDING/RESURGENT CAPITAL C/O RESURGENT CAPITAL SERVICES GREENVILLE, SC 29602

MDT/COMMUNITY CHOICE 31155 NORTHWESTERN HIGHWAY FARMINGTON HILLS, MI 48334

MDT/COMMUNITY CHOICE 31155 NORTHWESTERN HWY S. FARMINGTON HILLS, MI 48334 MDT/COMMUNITY CHOICE 31155 NORTHWESTERN HWY S. FARMINGTON HILLS, MI 48334

MDT/COMMUNITY CHOICE 31155 NORTHWESTERN HIGHWAY FARMINGTON HILLS, MI 48334

MICHIGAN DEPARTMENT OF TREASURY COLLECTION DIVISION PO BOX 77437 DETROIT, MI 48277

SHERMETA LAW GROUP, PLLC PO BOX 5016 ROCHESTER, MI 48308

SOUTHWEST CREDIT SYSTEMS 4120 INTERNATIONAL PARKWAY SUITE 1100 CARROLLTON, TX 75007

SOUTHWEST CREDIT SYSTEMS 4120 INTERNATIONAL PKWY CARROLLTON, TX 75007

THIRD PARTY WITHHOLDING UNIT MICHIGAN DEPT. OF TREASURY P.O. BOX 30785 LANSING, MI 48909

TRANSWORLD SYSTEM INC PO BOX 15095 WILMINGTON, DE 19850

TRANSWORLD SYSTEM INC. ATTN: BANKRUPTCY PO BOX 15618 WILMINGTON, DE 19850